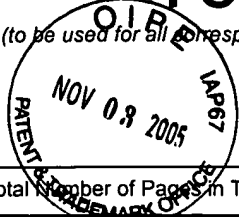
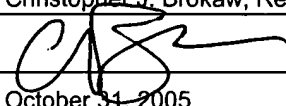



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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> <div style="text-align: center;">  </div>		Application Number	09/872,066
		Filing Date	May 31, 2001
		First Named Inventor	Jyotirmoy Paul
		Group Art Unit	2154
		Examiner Name	Mohammad A. Siddiqi
Total Number of Pages in This Submission	14	Attorney Docket Number	50277-1557

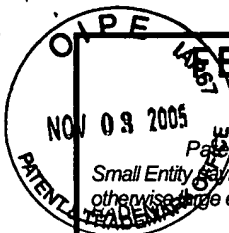
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition To Convert To a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Return Postcard</div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 2px;"></div>
<div style="border: 1px solid black; padding: 5px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Hickman Palermo Truong & Becker LLP Christopher J. Brokaw, Reg. No. 45,620
Signature	
Date	October 31, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop Appeal Brief-Patents , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			
Type or printed name	Angelica Maloney		
Signature		Date	October 31, 2005

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OID 1995-22 DIV1



FREE TRANSMITTAL **for FY 2005**

Patent fees are subject to annual revision,
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 AND 1.28

TOTAL AMOUNT OF PAYMENT (\$)**620.00**

Complete if Known

Application Number 09/872,066
Filing Date May 31, 2001
First Named Inventor Jyotirmoy Paul
Examiner Name Mohammad A. Siddiqi
Group/Art Unit 2154
Attorney Docket No. 50277-1557

METHOD OF PAYMENT (check one)

1. ☒ Throughout the pendency of this application, please charge any additional fees, including any required extension of time fees, and credit all overpayments to deposit account 50-1302. A duplicate of this sheet is enclosed.

Deposit Account Number

50-1302

Deposit Account Name

Hickman Palermo Truong & Becker, LLP

2. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other

3. ☐ Applicant(s) is entitled to small entity status.
See 37 CFR 1.27.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code				Small Entity Fee Code		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)				
1051	130	2051	65	Surcharge – late filing fee or oath			
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.			
1251	120	2251	60	Extension for reply within first month		\$120.00	
1252	450	2252	225	Extension for reply within second month			
1253	1,020	2253	510	Extension for reply within third month			
1254	1,590	2254	795	Extension for reply within fourth month			
1255	2,160	2255	1,080	Extension for reply within fifth month			
1401	500	2401	250	Notice of Appeal			
1402	500	2402	250	Filing a brief in support of an appeal		\$500.00	
1452	500	2452	250	Petition to revive – unavoidable			
1453	1,500	2453	750	Petition to revive – unintentional			
1501	1,400	2501	700	Utility issue fee (or reissue)			
1502	800	2502	400	Design issue fee			
1504	300	2504	300	Publication Fee			
1462	400	1462	400	Petitions Director not specifically provided for Group I			
1463	200	1463	200	Petitions Director not specifically provided for Group II			
1464	130	1464	130	Petitions Director not specifically provided for Group III			
1806	180	1806	180	Submission of information Disclosure Stmt			
8021	40	8021	40	Recording each patent assignment per property (times number of properties)			
1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))			
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))			
Other fee (specify) _____							
Other fee (specify) _____							

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1011	300	2011	150	Utility filing fee	
1111	500	2111	250	Utility Search fee	
1311	200	2311	100	Utility Examination fee	
1081	250	2081	125	Utility Application Size Fee	
1005	200	2005	100	Provisional Application Fee	
1085	250	20835	125	Provisional Application Size Fee	
SUBTOTAL (1)				(\$)	0.00

2. EXTRA CLAIM FEES

Total Claims	Highest Paid Claims	Extra Claims	Fee from Below	Fee Paid
20**	0	X	50.00	= 0.00
3**	0	X	200.00	= 0.00
Multiple Dependent				=

**or number previously paid, if greater; For Reissues, see below

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**0.00**

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)**620.00**

SUBMITTED BY

Name (Print/Type) Christopher I. Brokaw Registration No. (Attorney/Agent) 45,620 Telephone (408) 414-1225
Signature Date Oct 31, 2005

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